

CHESTERFIELD
RURAL DISTRICT COUNCIL.

ANNUAL REPORT

OF THE

Medical Officer of Health
for the year
1945

BY

JOHN REID GRAHAM, M.B., Ch.B., D.P.H.

Medical Officer of Health.

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RURAL DISTRICT COUNCILLORS

31st December, 1945

ATTENBOROUGH, J., Wessington.
 BALANCE, F., Beighton.
 BARRS, Alfred Josiah, Heath.
 BIRDS, J., Brook Lynn, Holymoorside.
 BRADLEY, Frederick (Senior), Stretton.
 BRIERLEY, James, Shirland and Higham Ward.
 BOOT, H., Charuwood Villas, Main Road, Morton.
 CLEMENTS, John William, J.P., North Wingfield.
 COOK, L., 18, John Street, Eckington.
 ELLIS, J., West Hill Lane, Grassmoor.
 FENSOME, Sidney Thomas, J.P., Pilsley.
 GASCOYNE, P., The Croft, North Wingfield.
 GOODLAD, John, Barlow.
 HARDY, William George, Wingerworth.
 HARGREAVES, A., Vernon Rise, Grassmoor.
 HOLMES, J. T., Brimington.
 KAY, Robert, Holmesfield.
 KENNING, C. B., Lady, J.P., C.C., Ashover.
 LAMB, Thomas, Somerset House, Calow.
 LATHAM, William Leeke, Rev., Morton.
 MARSHALL, H., Sheffield Road, Killamarsh.
 MAW, H. A., 24, Fox Lane, Frecheville.
 MORSE, L. A., School House, Sutton-cum-Duckmanton.
 PEAT, Edwin, J.P., C. A., Mosborough Ward, Eckington.
 PIKE, R. G., 99, Thornbridge Drive, Frecheville.
 RANKIN, A. H. (Dr.), Main Road, Renishaw.
 RENWICK, John, Ridgeway.
 RIGGOTT, G. A., Over Newbold, Brampton Ward.
 SALES, Samuel, Tupton.
 SHARMAN, Walter, Unstone.
 STATON, James, J.P., C.C., Beighton.
 STIRLING, William, Temple Normanton.
 SWINDELL, Joseph, Killamarsh.
 SYMONDS, E., Mrs., The Moorlands, Manor Road, Brimington.
 TURBUTT, Richard Babington (Colonel), J.P., Brackenfield.

PUBLIC HEALTH DEPARTMENT

Chairman, Sanitary Committee:

J. W. CLEMENTS, Esq., J.P.

Chairman, Housing and Property Committee:

S. SALES, Esq., J.P.

Medical Officer of Health:

JOHN R. GRAHAM, M.B., Ch.B. (St. And.), D.P.H. (St. And.).

Chief Sanitary Inspector:

T. W. BINNS, Cert. S.I., Cert. Meat Inspector.

Senior Sanitary Inspector:

F. WATERFALL, Cert. S.I., Cert. Meat Inspector.
(Retired 11th May, 1945.)

Sanitary Inspectors:

W. E. BOLTON, Cert. S.I., Meat Inspector

R. H. T. CHAPPELL, Cert. S.I., Meat Inspector.
(Appointed 4th June, 1945.)

G. N. CORBISHLEY, Cert. S.I., Meat Inspector.
(Appointed 4th June, 1945.)

G. KEAVENY, Cert. S.I., Meat Inspector.
(Appointed 4th June, 1945.)

W. WOODWARD, Cert. S.I., Meat Inspector.
(Appointed 4th June, 1945.)

T. E. SNAPE, Cert. S.I., Meat Inspector.
(Resigned 31st January, 1945.)

Clerks:

Miss L. MORTON.

H. H. WATTS.

Miss M. THICKETT.

Mrs. A. CLARKE.

Miss J. SCARLE.

Mrs. A. M. BLADEN.

Mrs. B. NICOL.

ANNUAL REPORT

Mr. Chairman, Ladies and Gentlemen,

In presenting my Annual Report for 1945, it is regretted that it is not possible to report any progress in the resumption of building to catch up with the interrupted housing programme of 1939 and to make up for the six years' gap in building caused by the war.

Perhaps one was too optimistic in hoping that at the cessation of hostilities this work would immediately recommence.

The Health Department, however, has made preparations and is busy on a housing survey, so that when operations are possible there will be no delay. A survey has been commenced of all houses in the district, and an investigation of all private water supplies in the district is in progress.

The mortality statistics show an increase over the previous year, and the birth rate a decrease.

During the year there has been no major epidemic, but there does seem to be a feeling of weariness or strain among many people, especially in the higher age group.

This state is probably part physical (due to the monotony of diet and scarcity of fats) and part mental. While not a cause of high mortality in itself, one is fearful that it may mean that the population will be more susceptible to any infection of the influenza type which might occur, and that a serious epidemic may occur.

From the list of staff on page (4) you will notice that Mr. Waterfall, Senior Sanitary Inspector, retired after 30 years' service with the Rural District Council. Also four new inspectors were appointed during the year. Six were required to bring the staff up to strength, but owing to the scarcity of qualified men the Ministry of Health indicated at that time that they would only sanction the appointment of four inspectors.

There is an accumulation of work left over from war years when the staff was inadequate. Another factor which hampered the work during that period was the constant moving of assistant inspectors to better posts.

If the programme with regard to housing is to be carried out as the Council should wish and the other duties of the department adequately performed, more qualified inspectors are urgently required.

I am,

Your obedient servant,

JOHN R. GRAHAM,

Medical Officer of Health.

Health Offices,

Rural Council House,

Chesterfield.

Statistics

Area of District	69,139 acres
Population, Registrar General's Figure	70,400
Number of inhabited houses	20,002
Rateable Value	£290,172
Estimated product of Penny Rate for year ending 31st March, 1946	£1,066

Live Births.	M.	F.
Total	684	642
Legitimate	623	606
Illegitimate	61	36

Still Births.	M.	F.
Total	35	22
Legitimate	34	21
Illegitimate	1	1

Deaths of Infants under 1 year of age.	M.	F.
Total	39	21
Legitimate	36	20
Illegitimate	3	1

Deaths, all ages.	M.	F.
Total	390	343

Birth Rate, 18.83 per 1,000 civilian population.

Infantile Mortality rate:

Total 45.24 per 1,000 live births.

Legitimate 45.56 per 1,000 legitimate births.

Illegitimate 41.23 per 1,000 illegitimate births.

Death Rate per 1,000 living 10.41.

Maternal Mortality per 1,000 births (live and still) 3.61.

Deaths from Measles, all ages 6.

Whooping Cough, all ages 4.

Diarrhœa (under 2 years of age) 4.

The vital statistics, while not so good as those of 1944, can be regarded as quite satisfactory.

Last year's vital statistics were the best on record, and the infantile mortality rate show for this year a rise of 11 per 1,000 live births, as compared with 1944. While the birth rate drops from 22.26 per 1,000 population to 18.83 per 1,000 this year.

While one naturally wishes to see vital statistics, especially in respect to infantile mortality, improve year by year, it is certain that there is an irreducible minimum, and that there are bound to be variations up and down each year. The vital statistics of this year are similar to those of the years 1939, 1940 and 1941. The cause of the decrease in the birth rate may be due to the number of young men sent abroad during 1944-45, as the birth rate for the country as a whole has fallen.

Housing

The high hopes that some of the temporary houses would be ready for occupation in 1945 have not been fulfilled. The year ended with a feeling of frustration. Again and again the Council have had high hopes of promising housing estates dashed to the ground owing to the threats of subsidence on the chosen sites.

Meanwhile, the housing position, if anything, is deteriorating. Condemned properties are becoming worse, and restrictions in the supplies of building materials and shortage of labour cause even the willing and conscientious landlords to fall badly in arrears with repairs, and gives the unscrupulous owner of property an excellent excuse for non-fulfilment of his or her obligations.

The numbers of Service people married during the six years of war and now returning to civil life has augmented the numbers of overcrowded dwellings.

It would seem that the Council's housing problem falls into two main parts. The first priority being the abatement of overcrowding and the rehousing of families living under deplorable conditions in the worst of the condemned properties. Second, the demolition of unfit houses and repair of defects in property not included in the class of totally unfit dwellings.

This latter type of property presents a difficult problem. Should labour and material be diverted from the erection of new houses in order to repair old? It might be suggested that this is wasteful, especially of labour, but, unfortunately, if defects in such properties are long neglected there is every possibility that in the end the only remedy for the conditions is demolition; while minor defects, if neglected, soon become major ones. There is also the personal factor of the tenant of this type of house (i.e., defective, but not in the demolition category). If no action is taken they will have to suffer many inconveniences, some of them serious, for quite a considerable period.

While at present there seems to be no satisfactory solution, one can only hope that in the not too distant future labour and material will be available in sufficient quantities to enable new houses and repair of existing properties to proceed hand in hand.

There is, however, hopes that once the "teething troubles" in connection with the building of new houses are done with, that there will be a sudden increase in houses erected.

Just prior to the outbreak of the war it was hoped that new standards of housing would be laid down. It is to be hoped that before long some such direction will be laid down, and the present standards set for overcrowding will be revised. On the present standards, children under one year are not counted and children under 10 years are reckoned at $\frac{1}{2}$ a unit.

This standard is obviously based on sex overcrowding, but takes no account of floor space. Why should a child 1—10 require only $\frac{1}{2}$ the floor space of an adult, and an infant require (presumably) no floor space at all; when it is in ages group 0—10 that respiratory infections are so common and most dangerous, and the great preventative of those infections is plenty of air space.

It is indeed unfortunate that extra floor space entails such a great increase in costs and consequent raising of the rents to the very type of families that require a larger income for food, clothing, etc. While of the immediate requirements the two most urgent are (1) remove all families from insanitary homes, and (2) to give all families a home of their own, an ideal to be aimed at, for houses should be on the following lines:—

- (1) The allowance of floor space should be increased, especially the allowance for children.
- (2) Heat insulation should be improved.
- (3) A constant supply of hot water should be available, and improved house heating apparatus installed.
- (4) Improved methods of ventilation and air conditioning should be sought for.
- (5) Every house should have a refrigerator.

In mentioning the above, I am assuming that modern sanitation and a bath are accepted as being not luxuries, but essentials.

The following inquiries were carried out during the year:—

Infested Premises.

The advent of the substance known as D.D.T. has given health authorities a potent weapon in controlling infestation of premises by bugs, cockroaches, etc. A service has been set up and is being worked by the rodent control section of the Health Department. The service is fully operative, and a charge of 15/- is made for each private premises treated. From our experience in the use of D.D.T., the infestation of houses by bugs is no longer a major problem. One application of D.D.T. is usually sufficient to rid premises of pests.

HOUSING.

1.	Inspection of dwelling houses during the year 1915—	
(1)	(a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	2,246.
	(b) Number of inspections made for the purpose	2,706.
(2)	(a) Number of dwelling houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932	2,095.
	(b) Number of inspections made for the purpose	2,202.
(3)	Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	382.
(4)	Number of dwelling houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	1,713.
2.	Remedy of defects during the year without service of formal notices:—	
	Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers	—
3.	Action under Statutory Powers during the year:—	
(a)	Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936:—	
(1)	Number of dwelling houses in respect of which notices were served requiring repairs	—
(2)	Number of dwelling houses which were rendered fit after service of formal notices:—	
	(a) By owners	—
	(b) By Local Authority in default of owners	—

(b) Proceedings under Public Health Acts:—		
(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied		22
(2) Number of dwelling houses in which defects were remedied after service of formal notices:—		
(a) By Owners		46
(b) By Local Authority in default of Owners		—
(c) Proceedings under Sections 11 and 13 of the Housing Act, 1936:—		
(1) Number of dwelling houses in respect of which Demolition Orders were made		2
(2) Number of dwelling houses demolished in pursuance of Demolition Order		—
(d) Proceedings under Section 12 of the Housing Act, 1936:—		
(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made		—
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit		—
4. Housing Act, 1936, Part IV.—Overcrowding.		
(a) (1) Number of dwellings overcrowded at the end of the year		—
(2) Number of persons dwelling therein		—
(3) Number of families dwelling therein		—
(b) Number of new cases of overcrowding reported during the year		—
(c) (1) Number of cases of overcrowding relieved during the year		—
(2) Number of persons concerned in such cases		—
(d) Particulars of any cases in which dwelling houses have again become overcrowded after the Local Authority have taken steps to the abatement of overcrowding		—
5. Number of houses demolished in Clearance Areas, 1944		
		—

WATER SUPPLIES.

There have been no works of major import carried out by the main suppliers, i.e., the North East Derbyshire Joint Committee during the past year. As previously reported the supplies are ample for present needs.

One visualizes, however, a vast increase in consumption as the new housing programme progresses. Not only will the houses be replacing types that have no bathrooms and no W.C.'s, but the increased efficiency of the heating systems for domestic use in the new houses with a constant supply of hot water will put up the consumption to a considerable extent.

An indication of the consumption when constant hot water is available can be gathered from the experience of R.A.F. stations where hot baths, showers, etc., were in use. The consumption was estimated on a figure of 30 galls. per head per day, but in actual practice it was anything from 50-60 galls. per head per day. While I do not suggest that the consumption in the Chesterfield Rural District will jump to such a figure, as much of the hot water was probably wasted in the camps, there is no doubt that the sufficiency of supplies will require to be estimated in the future on a higher figure than at present.

There are roughly 1,400 houses in the Rural District on private supplies derived from wells, springs, watercourses, etc. It is proposed to make a survey of those supplies as to their sufficiency and quality. When this survey is completed (which will take 2-3 years), the needs of the district can then be assessed. Some of the supplies can no doubt be improved and brought up to the requisite standard. With regard to many of the supplies, however, it is obvious that owing to chances of pollution at the source there is little possibility of improving or if improved permanently maintaining improvement.

In the case of the latter the possibility of giving a piped supply will need to be considered in relation to the type of property. Many of the properties with private supplies are very old and will sooner or later be demolished, and it would obviously be most uneconomical to provide a supply at a cost completely out of proportion to the value of the property.

Information regarding results of analysis is interchanged between all the departments concerned.

BACTERIOLOGICAL EXAMINATION OF SUPPLIES.

Authority.	Total samples	Satisfactory	Un-satisfactory	Doubtful.	Remark
North-East Derbyshire Joint Committee ..	324	246	78	—	
Chesterfield and Bolsover Joint Board ..	52	50	2	—	
Public Health Dept. Chesterfield R.D.C. ..	52	39	13	—	
	428	335	93	—	

TABLE 1.
CLOSET ACCOMMODATION.

	No. in use at end of 1945:
Water Closets	16,388
Other	4,843
	<u>21,231</u>

CONVERSIONS OF WATER CLOSETS IN 1945.

Privy Middens	20
---------------------	----

During the year 47 visits have been made to Food Premises by the department Inspectors for the purpose of condemning the following quantities of unsound foodstuffs which have been surrendered and destroyed.

	Tins
Milk	8
Salmon	2
Pilchards	26
Plums	7
Marmalade ..	4
Beans	16
Jam	15
Meat and Vegetable Puddings	6
Pickled Cabbage	5
Beetroot	1
Soups	3
Mincedmeat	1
Peas	8
Herrings and Sardines	19
Crawfish	2
Scotch Broth	7
Casserole Steak	10
	<hr/>
Total	140
	<hr/>
	lbs.
Beef	87
Bacon	84
Luncheon Meat ..	129 $\frac{1}{2}$
Chopped Ham	20 $\frac{1}{2}$
Pren	$\frac{3}{4}$
Lamb's Tongue ..	$\frac{3}{4}$
Ham Loaf	13 $\frac{1}{2}$
Cheese	56
Butter	38 $\frac{1}{2}$
Sausages	7
Tomatoes	564
Sweets and Toffee	28 $\frac{3}{4}$
Flour	39
Wheat Flakes	$\frac{1}{2}$
	<hr/>
Total	1,069 $\frac{3}{4}$
	<hr/>

In addition to the above, the following have been surrendered and destroyed:—

1 case of twenty Rabbits
480 Eggs

BACTERIOLOGICAL EXAMINATIONS, 1945.

Table showing the number of specimens sent from the Rural District, and entered at the County Laboratory, Derby

Enterica :—	Pos.	Neg.
Typhoid, Para-typhoid, A. & B.	—	4
Gaertner. Dysentery, etc.	1	3
Diphtheria	9	130
Phthisis	3	57
Water	1	1
Milk :—		
T.B. Inoculation. Sent from Ministry of Agriculture	5	35
T.B. Inoculation	—	1
Routine Samples Methylene Blue Test	1	1
Routine Samples Bacterial Count	1	4
Routine Samples Bacillus Coli	1	4
Routine Samples Miscellaneous	2	54
Totals	24	294

TABLE 2.

OPHTHALMIA NEONATORUM.

CASES.			Vision Un- Impaired.	Vision Impaired.	Total Blindness.	Deaths.
Notified	Treated.					
	At home.	In Hospital				
1	1	—	1	—	—	—

TABLE 3.
INFECTIOUS DISEASES.

Disease.	Total Number Notified.	Cases Admitted to Hospital	Total Deaths.
Smallpox	—	—	—
Scarlet Fever	204	176	—
Diphtheria	42	42	2
Enteric Fever	—	—	—
Puerperal Fever	4	4	1
Puerperal Pyrexia			
Cerebro- Spinal Fever	4	4	1
Pneumonia	121	4	30
Erysipelas	18	—	—
Polio-myelitis	2	2	—
Ophthalmia Neonatorum	1	—	—
Encephalitis Lethargica	1	1	1
Undulant Fever	—	—	—
Measles	1311	11	5
Whooping Cough	153	—	4
Dysentery	2	1	—

TABLE 4.
TUBERCULOSIS RETURN FOR 1945.

Age Period.	New Cases.				Deaths.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year ..	—	—	—	—	—	—	—	—
1 and over ..	—	—	2	—	—	—	1	—
5 and over ..	1	—	4	2	—	—	—	—
15 and over ..	9	4	2	2	1	2	—	—
25 and over ..	4	5	—	1	1	—	—	—
35 and over ..	6	—	—	1	2	1	—	—
45 and over ..	6	1	—	—	—	—	—	—
55 and over ..	3	1	—	1	2	—	—	—
65 and over ..	—	—	—	—	2	—	—	—
Total ..	29	11	8	7	8	3	1	—
NOT PRIMARY.					NOT NOTIFIED.			
Cases included above ..	—	—	—	—	1	—	1	—

PREVALENCE AND CONTROL OF INFECTIOUS DISEASE.

Enteric Fever.

No cases were notified during the year.

Scarlet Fever.

The notifications showed a very great decrease from 1944, when 426 cases were notified. During the year under review 204 notifications were received, there were no deaths and the disease was of the mild to moderate type.

Diphtheria.

Forty-two cases were notified, an increase of two compared with the previous year. Two deaths occurred as compared with one in 1944.

Cerebro-Spinal Fever.

Four cases were notified, one fatal. The previous year's figures were five notifications, one death.

Measles.

The notifications numbered 1,311 as compared with 224 cases in 1944. There were five deaths due to measles.

Whooping Cough.

153 notifications were received, with four fatal cases, compared with 112 in the previous year with no deaths.

Regarding the treatment of infectious disease, the four hospitals at Mastin Moor, Dronfield, Morton and Langwith have sufficient beds to cope with all needs; but during the year the staffing problem, both nursing and domestic, has been causing grave concern. It has steadily deteriorated and unfortunately shows no signs of improving.

While no serious case has been refused admittance so far, one cannot but be fearful of the future. There has also during the year been a number of cases of measles and whooping cough with complications such as pneumonia, appendicitis, etc., which have demanded admission as the general hospitals would not admit owing to the presence of an infectious disease. While it is hard to have to refuse such cases, if the staff position does not improve it may be necessary to do so in the future.

DIPHTHERIA IMMUNISATIONS.

Age 5 years
Age under 5 years and over, but under 15 Total

Number of children (including temporary residents) who completed the full course of immunisation in the Authority's area between 1st January and 31st December, 1945

513 77 590

TABLE 5.

TREATMENT CENTRE, POOLSBROOK.

Number of cases. 2,268.

Scabies.

	Adults	5-15	Under 5	Total
Chesterfield R.D.C.	564	347	148	1059
Clay Cross U.D.C.	68	28	11	107
Clowne R.D.C.	146	66	37	249
Dronfield U.D.C.	19	13	7	39
Staveley U.D.C.	176	87	37	300
Totals	973	541	240	1754

Head Lice.

Chesterfield R.D.C.	10 (9)	128 (121)	22 (21)	160 (151)
Clay Cross U.D.C.	3 (2)	7 (7)		10 (9)
Clowne R.D.C.	6 (6)	44 (40)	5 (3)	55 (49)
Dronfield U.D.C.		1 (1)		1 (1)
Staveley U.D.C.	7 (6)	84 (78)	17 (16)	108 (100)
Totals	26 (23)	264 (247)	44 (40)	334 (310)

Scabies with Verminous Heads.

Chesterfield R.D.C.	27 (27)	86 (74)	18 (11)	131 (112)
Clay Cross U.D.C.		2 (2)		2 (2)
Clowne R.D.C.	3 (3)	18 (15)	5 (4)	26 (22)
Dronfield U.D.C.	2 (2)	2 (2)		4 (4)
Staveley U.D.C.	3 (2)	18 (15)	6 (4)	27 (21)
Totals	35 (34)	126 (108)	29 (19)	190 (161)

ADD 113 cases diagnosis **not** confirmed.

62	„	miscellaneous.	.
4	„	Ped. Corporis (2 Chesterfield, 2 Dronfield—all adults).	
1	„	„ Pubis.	
<hr/>			
180			
<hr/>			

TREATMENT CENTRE, POOLSBROOK.

During the year a total of 2,088 cases were treated at the Centre. This shows a decrease of 613 cases over the year. The decrease is entirely due to the number of cases coming for scabies treatment, 2,378 being treated in 1944 as against 1,754 in 1945. With regard to the cases sent with verminous heads, 334 were sent in 1945 compared with 333 in 1944.

The proportion of persons sent as scabies and found to be infested is comparable to the proportions in the previous year.

The figures indicate that while scabies has markedly decreased there is no sign that infestation of heads is decreasing, rather the reverse as the number of cases treated in 1943 (the first complete year of working) was only 185.

During the year several inquiries were undertaken.

D.D.T. which is now very well known to the general public, has been tried for verminous head infestations at the Centre. The results were not satisfactory.

Two inquiries have been conducted for Professor Kenneth Mellanby, of the London School of Hygiene and Tropical Medicine. Both of these were concerned with an alternative method of treatment for scabies. In neither case was there any advantage over the present method.

The results of the investigations of louse populations in cases with verminous heads have now been published. An article in the "Medical Officer" for 10th June, 1945, gave full details. The most important findings were that over 90% of those with nits also have live lice. Over half of those infested have a louse population of more than ten, and 10% have more than 100 lice each. The age-groups showing the heaviest infestation also have the largest number of lice. One interesting conclusion was that the lighter the nit infestation the greater the ratio between immature stages of lice and adults. It is not to be assumed because there are "only a few nits" that no lice are present; a small infestation is merely the forerunner of a much heavier infestation. The importance is stressed of the earliest treatment once nits are found.

TABLE 6.

**TABLE SHOWING BIRTH, DEATH RATES AND INFANT
MORTALITY FOR THE LAST TEN YEARS.**

Year	Birth Rate per		Death rate		Infant Death
	1,000 Living	per 1,000 Living	per 1,000 Living		Rate per 1,000 live births
1945	18.83		10.41		42.98
1944	22.26		9.09		36.25
1943	20.14		11.14		42.9
1942	18.97		9.65		30.9
1941	18.58		10.96		46.0
1940	16.85		11.63		46.97
1939	19.11		10.76		47.2
1938	17.37		10.58		42.55
1937	14.59		10.89		60.28
1936	14.49		11.53		88.68
1935	14.65		11.82		62.62

TABLE 7.

BIRTH RATES, CIVILIAN DEATH-RATES, ANALYSIS OF MORTALITY, MATERNAL MORTALITY AND CASE RATES FOR CERTAIN INFECTIOUS DISEASES IN THE YEAR 1945. PROVISIONAL FIGURES BASED ON WEEKLY AND QUARTERLY RETURNS.

	England and Wales	126 County Boro's and Great Towns including London	148 Smaller Towns (Resident Populations 25,000 to 50,000 at 1931 Census)	London Adminis- trative County	Chester- field R.D.C.
Rates per 1,000 Civilian Population					
Births—					
Live	16.1	19.1	19.2	15.7	18.83
Still	0.46	0.58	0.53	0.40	0.81
Deaths—					
All Causes	11.4	13.5	12.3	13.8	10.41
Typhoid and Paratyphoid	0.00	0.00	0.00	0.00	0.00
Scarlet Fever	0.00	0.00	0.00	0.00	0.01
Whooping Cough	0.02	0.02	0.01	0.02	0.05
Diphtheria	0.02	0.02	0.02	0.01	0.03
Influenza	0.08	0.07	0.07	0.07	0.01
Smallpox	0.00	0.00	0.00	0.00	0.00
Measles	0.02	0.02	0.02	0.01	0.08
Notifications—					
Typhoid Fever	0.01	0.01	0.01	0.01	0.00
Paratyphoid Fever	0.01	0.00	0.01	0.01	0.00
Cerebro-Spinal Fever	0.05	0.05	0.05	0.06	0.06
Scarlet Fever	1.89	2.02	2.03	1.57	2.90
Whooping Cough	1.64	1.65	1.47	1.25	2.17
Diphtheria	0.46	0.52	0.56	0.31	0.51
Erysipelas	0.25	0.28	0.24	0.31	0.26
Smallpox	0.00	0.00	0.00	0.00	0.00
Measles	11.67	10.89	11.19	9.03	18.62
Pneumonia	0.87	1.03	0.72	0.78	1.72
Rates per 1,000 Live Births.					
Deaths under 1 year of age	46	54	43	53	45
Deaths from Diarrhoea and Enteritis under 2 yrs. of age	5.6	7.8	4.5	7.6	3.01
Rates per 1,000 Total Births (Live and Still). Notifications : —					
Puerperal Fever	9.93	12.65	8.81	3.60	2.89
Puerperal Pyrexia				15.87	

TABLE 8.
SANITARY ADMINISTRATION.

	No. on Register.	Inspections made.	Notices Served.	Nuisances abated with or without notice.
Dairies, Cowsheds and Milkshops	641	65	6	2
Bakehouses	38	11	—	—
*Slaughter-houses ..	40	12	—	1
Offensive Trades ..	1	2	—	—
Common Lodging Houses	1	1	—	—
TOTAL ..	721	91	6	3

* Includes 2 knackers premises.

TABLE 9.
SANITARY ADMINISTRATION.
Summary of the Work of the Sanitary Department.

	No. of inspections made by Sanitary Inspector.	No. of Notices Served.		No. of Nuisances abated with or without notice.
		Informal.	Legal.	
Closets and Ashpits—				
Defective Privies, Pail Closets and Ashpits (not for conversion) ..	65	15	2	35
Conversion of Privies into W.C.'s	189	20	—	20
Conversion of Pail Closets into W.C.'s	—	—	—	—
Conversion of Privies into Pail Closets	—	—	—	—
Defective Water Closets..	50	58	5	53
Provision of additional W.C.'s	40	—	—	17
Provision of Portable Ashbins	250	414	—	479
Dirty Closets	2	3	—	1
Drainage—				
No disconnection of waste pipe	—	—	—	—
Defective waste pipe, Traps, Inlets & Drains	219	92	5	99
Drains obstructed ..	140	117	1	100
Other Defects—				
Paving of Courts and Yards	15	5	1	8
Roofs, Eaves-Spouts and Downspouts	337	156	19	117
Sinks	16	16	—	7
Insufficient Ventilation ..	10	4	—	1
Windows	50	50	3	24
Dampness	16	15	3	10
Water in Cellars	39	9	—	6
Water Supply	466	2	—	6
Overcrowding	11	—	—	1
Foul Condition of Houses	74	12	—	12
Offensive Accumulations	13	1	—	3
Animals improperly kept	12	3	—	2
Pigsties	25	2	—	5
Smoke Nuisances	2	—	—	2
Urinals	6	—	—	—
Nuisances not specified above	1043	276	38	228
TOTAL	3090	1270	77	1236

No. of visits to Infectious Disease cases, 276.

TABLE 10.

FACTORIES, WORKSHOPS AND WORKPLACES.

Inspections of Factories, Workshops and Workplaces.

Including Inspections made by Sanitary Inspectors.

Premises. (1)	Number of		
	Inspections. (2)	Written Notices. (3)	Occupiers prosecuted (4)
Factories (including Factory Laundries)	2	—	—
Workshops (including Workshop Laundries)	—	—	—
Workplaces (other than Outworkers' premises)	—	—	—
Total	2	—	—

RATS AND MICE (DESTRUCTION) ACT, 1919.**INFESTATION ORDER, S.R. & O. No. 680, 1943.**

The Council employ two part-time rat catchers, and approximately 4,646 rats have been destroyed.

In addition, 155 visits have been made by the Sanitary Inspectors in connection with rat infestation.

The Ministry of Food technique has been followed.

PETROLEUM ACTS.

There are 115 Petroleum stores and five Calcium of Carbide stores in the district.

These have been visited and found to be satisfactory.

The income derived from the issue of licences is £79/8/9 and the maximum storage capacity is 194,694 gallons of petroleum and 3,038 lbs. of carbide.

